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**Keywords:** Volkmann's contracture; Forearm; Surgery; Rehabilitation**Purpose.**— The aim of our work is to point out this serious pathology related our experience of treatment.**Methods.**— A retrospective series of 19 cases of average age 24 years with a male predominance, 72% of rural origin. Fracture of two bones of the forearm was the initial lesion in 8 cases and Jbira the direct cause in the genesis of the syndrome in 12 cases. We met 9 cases at the beginning stage for 10 cases sequelae stage. For the beginner stage Volkmann, attitude appealed to medical therapy alone in 2 cases, fasciotomy in 5 cases, and amputation in 2 cases. For the sequelae stage 4 surgical procedures were performed based on an extension of the muscles of the anterior compartment of the forearm. Rehabilitation was made in all cases. **Results.**— We got 14 good results, 5 poor results.**Discussion.**— The best results were obtained for the beginner stage. However, a functional improvement was observed in all patients. Rehabilitation is essential and had an important contribution to recover a sensitive and functional hand.<http://dx.doi.org/10.1016/j.rehab.2014.03.688>

P089-e

**Efficacy of extracorporeal shock wave therapy and ultrasound treatment in lateral epicondylitis: A prospective, randomized, controlled trial**M. Vural<sup>a,\*</sup>, D. Diracoglu<sup>b</sup>, B. Erhan<sup>a</sup>, B. Gunduz<sup>a</sup>, G. Ozhan<sup>c</sup>, K. Pekedis<sup>c</sup><sup>a</sup> Istanbul Physical Medicine and Rehabilitation Training Hospital, Istanbul, Turkey<sup>b</sup> Istanbul Faculty of Medicine, Physical Medicine and Rehabilitation Department, Istanbul, Turkey<sup>c</sup> Bakirkoy Dr Sadi Konuk Training Hospital, Istanbul, Turkey

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**Keywords:** Lateral epicondylitis; Extracorporeal shock wave therapy; Therapeutic ultrasound**Introduction.**— Conservative treatment is usually primarily suggested for lateral epicondylitis (LE) management. The aim of this study was to investigate the efficacy of extracorporeal shock wave therapy (ESWT) compared with therapeutic ultrasound (US) in the treatment of LE.**Material and methods.**— Ninety patients were enrolled. Visual Analogue Scale (VAS) was used to assess pain. Maximal grip strengths (MGS) of the upper extremity were measured. Disability and symptoms were evaluated by the disability of the arm, shoulder and hand (DASH) questionnaire. Patients with LE assigned randomly to one of three treatment groups -therapeutic US (group A), ESWT (group B), and control (group C).**Results.**— Statistically significant improvements were observed for VAS pain, MGS, and DASH measured at immediately after treatment and 4 weeks after treatment according to baseline measures in 3 groups ( $P < 0.01$ ). VAS pain and DASH measured at 4 weeks in group A and B were statistically significantly lower than control group ( $P < 0.05$ ). No statistically significant difference was found at 4 weeks between group A and B ( $P > 0.05$ ).**Discussion.**— ESWT has similar efficacy with US and its shorter implementation period can be an advantage for some patients. Further research is needed to understand the long-term efficiency of these modalities.<http://dx.doi.org/10.1016/j.rehab.2014.03.689>

P090-e

**Rehabilitation programs: Handling take-over requests of chronic low back pain patients presenting acceptable pain threshold, by studying the relationship between disability, pain and beliefs**

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**Keywords:** Chronic low back pain; Clinically acceptable pain threshold;

Disability; Fears and beliefs; VAS pain

**Goal.**— Chronic low back pain patients presenting acceptable pain threshold (VASpain < 40 mm) ask for take-over. Why do these patients seem to suffer more from disability than pain?**Methods.**— Twenty-one low back pain patients presenting a VASpain < 40 and  $46 \geq 40$ . A comparative study of the variations of the Québec/VAS pain ratio and correlations between VAS pain, Québec scores and FABQ at the beginning, at the end and a year after the program has been made.**Results.**— The ratio Québec/VAS pain is different in the two subgroups at the beginning of the program but is uniform after a year. Its evolution differs in both subgroups as it decreases significantly less for the less suffering patients. At the beginning of the program, for the VAS < 40 mm group, the Québec score is only correlated to FABQap. At the end and a year after the program, this correlation does not longer exist and the Québec score is only correlated to VASpain.**Discussion.**— VASpain < 40 patients present a disability correlated to fears and beliefs, regardless of the pain level. The program achieves a lasting correction of these psychological issues. This study allows one to discriminate a subpopulation of low back pain patients requiring potential cognitive behaviour therapy.<http://dx.doi.org/10.1016/j.rehab.2014.03.690>

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**A case of acute calcific tendinitis of the gluteus medius**B. Aras<sup>\*</sup>, S. Kesikburun<sup>\*</sup>, Ü. Güzelkükük, E. Yasar, A.K. Tan

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**Keywords:** Gluteus medius; Calcific tendinitis; Hip pain**Introduction.**— Calcific tendinitis is a benign inflammatory condition occurring in numerous anatomic locations. Involvement of the gluteus medius tendon is uncommon. In this case, we report a patient with hip pain due to calcific tendinitis of the gluteus medius tendon.**Observations.**— A 39-year-old man was admitted to our outpatient clinic with a severe right hip pain, exacerbating with activity, for 2 weeks. He had no history of trauma. Physical examination revealed marked tenderness over the right greater trochanter. On plain radiography, a calcific deposit was seen adjacent to the greater trochanter. MRI demonstrated inflammatory edematous changes in the insertion of the gluteus medius tendon to the greater trochanter. A diagnosis of acute calcific tendinitis was determined and the patient was treated conservatively using nonsteroidal anti-inflammatory drugs. The patient reported no reduction in pain 1 week after the drug therapy. Consequently, a corticosteroid injection to the lesion site was administered. His symptoms decreased within 3 days.**Discussion.**— Clinicians should take into account the calcific tendinitis of the gluteus medius in the differential diagnosis of hip pain. The diagnosis is based on typical clinical and radiographic findings of calcific deposits in the corresponding tendon.<http://dx.doi.org/10.1016/j.rehab.2014.03.691>

P092-e

**A case report of a symptomatic osteopoikilosis patient**B. Aras<sup>\*</sup>, K. Aydemir, A. Uran, M.A. Taskaynatan, A.K. Tan

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